PTO/SB/05 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless a displays a valid OMB control number. Application of Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875) CLAIMS AS FILED - PART I OTHER THANCI Alice SASFILED -SMALL ENTITY ÓR I SMALL ENTITY (Column 1) (Column 2) attributes to FOR CHARACTEC . NUMBER FILED NUMBER EXTRA RATE FEE RATECT FE8 BASIC FEE (37 CFR 1.16(a)) OR i : :: i.i.i. TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR : X35 - 1.11 = ... INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) Art est action OR If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR : " .: IEJOTAL». n CLAIMS AS AMENDED - PART II CLASSES AS AMENDAE --OTHER THAN OR, (Column 1) (Column 3) SMALL ENTITY SMALL ENTITYCO'UM CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADOI-RATE ADDY AFTER PREVIOUSLY **EXTRA** T:ONAL AMENDMENT PAID FOR FEE ENT I ធ EEF:::Q:: Total 28 Minus NON (3) OFR 1,15(c) ÓR 🗓 Minus (37 CFR 1.16(6) Y . OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) . . OR TOTAL TATAL OR ; ADD'L FEE ADD'L I (Column 1) (Column 3) (Cotumn 2) (Colum CLADAS HIGHEST LA m PRESENT REMAINING NUMBER RATE ADDI. RATE ADDEMAL AFTER PREVIOUSLY EXTRA TIONAL - ! . TIONALFTE AMENDMENT PAID FOR FEE IFEBENDA SNT Total (37 CFR 1.16(c)) Minus 28 ENDM = OR Minus X S (37 CE) S. Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING PRESENT RATE NUMBER RATE ADDIMAE -IOOA-::3 ENT AFTER **EXTRA** TIONAL THONAL II AMENDMENT PAID FOR FEE ivy i FEEEND Total (37 CFR 1.15(c)) Minus ⊊t' Telal ENDM 441705 OR Minus Z Inchesed Mices OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) : 1:1:15 GERE /C OR Figricker &co TOTAL TOTAL ADD'L FEE OR : ADO'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " ii ling table in calonia 1 is 1 as than the only- If the fifthest Dymber Previous Pidd Framilia of Editors to chart the decay Patient with the complete of the comp warry Pide Fra If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The "Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1...

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